MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09526

CERTIFICATE OF DEATH

Reg. Dist. No. 252

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Centreville
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Centreville
STREET ADDRESS (If rural, give location) Centreville Landing

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	TOWNSHEND	DEAVER	Sept	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept-10-1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Banking	Banking and Trust	Frederick Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Townshend Deaver	Anna Keene Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	216-12-1980	Mrs Fanny Watson Deaver Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

420.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina Pectoris

942 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 27, 1950 to Sept. 26, 1950, that I last saw the deceased alive on Sept-24, 1950, and that death occurred at 11.55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Henry Fisher	M.D.	Centreville Md	9/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Sept-28-50	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-26-50	Elsie Armstrong	Baxter Bros	Centreville Maryland

26684

RECEIVED
OCT 4 1950
BUREAU V. S

09527

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sudlersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sudlersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) NILAR (Middle) (Last) FRAZIER

4. DATE OF DEATH (Month) Sept (Day) 15 (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Sept 15-1875

9. AGE last birthday 74 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Jeffers

14. MOTHER'S MAIDEN NAME Mary Jane Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mildred Wiggins - Sudlersville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Heart Lesion

410X Antecedent cause(s) Rheumatism

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Dropsy.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1950, to Sept 15, 1950, that I last saw the deceased alive on Sept 15 1950, and that death occurred at 6A m., from the causes and on the date stated above.

SIGNATURE Norman S. Dudley MD (Degree or title) ADDRESS Church Hill DATE SIGNED Sept 16 1950

23. BURIAL, CREMATION REMOVAL (Specify) DATE Sept. 17 NAME OF CEMETERY OR CREMATORY Pondtown LOCATION (City, town, or county) Pondtown (State) Md

DATE REC'D BY LOCAL REG. Sept. 16 REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0952 353

Reg. Dist. No. Sept 5, 1950

1. PLACE OF DEATH:

County: Queen Anne

City or town: Stevensville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Queen Anne

City or town: Stevensville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Rosie Ireland Lewis

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: William Lewis

Deceased 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 8, 1884

8. AGE: Years	Months	Days	If less than one day
66			..... hrs. ..... min.

8. Birthplace: Grasonville, Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: James Ireland

13. Birthplace: Talbot Co. Maryland

MOTHER 14. Maiden name: Sarah Ella Frampton

15. Birthplace: Talbot Co. Maryland

16. Informant: Mrs. Ethine Gardner

Address: Stevensville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 4-50 (month) (day) (year)

Cemetery or ~~cemetery~~: Stevensville

Location: Stevensville Maryland

18. Funeral director: Baxter Bros

Address: Centreville, Maryland

Sept 12 1950 (Date rec'd by registrar) Elizabeth Kaylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 1 1950 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26 1950 to Sept 1 1950

and that I last saw him alive on Sept 1 1950

Immediate cause of death	DURATION
Rheumatic Cardiovascular Disease	28 yrs.
Due to	
Due to	
Other conditions	

415+ 93c

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: William C. Lewis M.D. (M. D. or other)

Address: Queenstown Md Date signed 9-1-50

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 6 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09529

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Chester Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester | LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. J. COUNTY ✓
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. J.
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) M. (Last) Simpson Baugh
4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: June 23-1880
9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Anderson
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Barefield
14. MOTHER'S MAIDEN NAME: Anna White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Helen M. Wallis (Chester Md)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — 1 yr.
422.1 Antecedent cause(s)
930 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 0 4
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Sept, 1950, that I last saw the deceased alive on Sept 23, 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William Chiene MD | Queenstown, Md | 9-26-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Sept 27-50 | Hollywood | Harrington Del

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
Sept. 28-50 | Elizabeth Hopler | Edgar L. Lane Church Hill Md

RECEIVED
OCT 3 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09531

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville
LENGTH OF STAY (in this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Perry (Middle) Alfred (Last) Smith

4. DATE OF DEATH (Month) Sept (Day) 5 (Year) 1950

5. SEX Male

6. COLOR OR RACE Col

7. ~~SINGLE,~~ MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify)

8. DATE OF BIRTH June 2. 1898

9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm work

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Douglas Smith

14. MOTHER'S MAIDEN NAME Loretto Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. 213-22-7327

17. INFORMANT Geo A. Smith (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) He fell dead in field evidently

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher, MD (Degree or title) ADDRESS Centreville Md Deputy Med Exam. L.A. Co Md

DATE SIGNED 9/6.50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF Aug 8-50 | NAME OF CEMETERY OR CREMATORY Burrisville | LOCATION (City, town, or county) Burrisville (State) Md.

DATE REC'D BY LOCAL REG. 9/8/50 | REGISTRAR'S SIGNATURE Elsie Armstrong | 24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09530

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Wesley (Last) Sterling

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 30-1882

9. AGE last birthday: 68 yrs. If under 1 year: Months 3 Days 29 If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Crisfield Md

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Do not know

14. MOTHER'S MAIDEN NAME: Dont know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Jennie R. Sterling Queenstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma. — Interval between onset and death: 6 mo.

162 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47C

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 11, 1950

19b. MAJOR FINDINGS OF OPERATION: Squamous cell CA of lung.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1950, to Sept, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William C. Lowe MD Queenstown Md 10-2-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 4-50	Stevensville	Stevensville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct. 3-'50	Helen M. Aldridge	John D. Williams, Easton Md.

866 VV

VS. A15

RECEIVED
OCT 10 1950
BUREAU V. S

09532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sudlersville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sudlersville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) F. (Last) WELCH

4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1950

5. SEX: Fem.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 11 - 1865

9. AGE last birthday: 85 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Welch

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mr. George Welch - Sudlersville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Dilatation

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis + Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Sept 14, 1950, that I last saw the deceased alive on Sept 13, 1950 and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C M Whittington — ADDRESS: Sudlersville Md — DATE SIGNED: 9/14/50

23. BURIAL / CREMATION / REMOVAL (Specify) — DATE: Sept. 16 — NAME OF CEMETERY OR CREMATORY: Church Hill — LOCATION (City, town, or county) (State): Church Hill Md.

DATE REC'D BY LOCAL REG. 9-16-50 — REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill

VS. A15

RECEIVED
OCT 30 1950
BUREAU V. S.

CEIVED
30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0953X 3

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS /

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Williams

4. DATE OF DEATH: (Month) September (Day) 29 (Year) 1950

5. SEX male | 6. COLOR OR RACE Col. | 7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH Jan 6 1867 | 9. AGE last birthday 83 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY farm | 11. BIRTHPLACE (State or foreign country) Grasonville | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Williams | 14. MOTHER'S MAIDEN NAME Dahlia Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. / | 17. INFORMANT AND ADDRESS Blssie Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Arteriosclerosis — Interval Between Onset and Death: about

422.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral + Cardio-vascular — 10 Years

(c) senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION / | 19b. MAJOR FINDINGS OF OPERATION / | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10 50, to Sept. 29 50, that I last saw the deceased alive on Sept. 20, 1950, and that death occurred at 2 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Theodor Suttelmaier M.D. Stevensville Sept. 29. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Oct 2 50 | NAME OF CEMETERY OR CREMATORY Bryan Chapel | LOCATION (City, town, or county) (State) Grasonville Md

DATE REC'D BY LOCAL REG. 10-2-50 | REGISTRAR'S SIGNATURE Helen M. Redidge | 24. FUNERAL DIRECTOR John D. Williams | ADDRESS

866 W

RECEIVED
OCT 4 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

0953 4

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Eliz-Trusty (Last) Wilson
4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1950
5. SEX Female
6. COLOR OR RACE Col
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH May 15-1852
9. AGE last birthday 98 yrs. If under 1 year Months 3 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Galveston Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A yes
13. FATHER'S NAME Samuel Trusty
14. MOTHER'S MAIDEN NAME Dont know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Eva Dorsey (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) She was found dead in bed —

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) She has suffered from rheumatism + arthritis for a long time.

9 Hrs (c) Evidently a Coronary occlusion —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher MD (Degree or title) ADDRESS Centreville Md DATE SIGNED 9/6.50
Deputy Med Exam for Queen Ann Co Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 8. 50
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland
DATE REC'D BY LOCAL REG. Sept. 7/50
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR ADDRESS Barton Bros Centreville, Md.

RECEIVED
SEP 13 1950
BUREAU V. S